IPDR6702				NORTH CAROLINA		PAGE:	1	
RUN DATE:	02/03/2008			CHECKWRITE SUMMARY REPORT				
				CKWRITE DATE: 02/05/2008 FINANCIAL PAYER: NCDMH				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8534	47	SERVICE FACILITY LOCATION IS N				
	H/DD/SAS			OT A VALID IPRS ATTENDING				
ļ				PROVIDER. PLEASE VERIFY THE F				
		8532	9	SUBMITTED BILLING PROVIDER IS				
				NOT ELIGIBLE FOR DATE OF	0	65	65	U
				SERVICE BILLED				
ļ								
		8508	4	CLAIM DENIED NO BUDGET FOUND				
3404904	WESTERN HIGHLAN	8505	771	CLAIM DENIED DUE TO INSUFFICIE				
	DS LME			NT BUDGET				
		191	118	CLIENT ID NUMBER DOES NOT MATC	0	1038	25806	24768
				H PATIENT NAME				
		8800	51	FURTHER PROCESSING NECESSARY,		1		-
				PLEASE CHECK FOR CLAIM ON	1			1
				FUTURE RA'S.				
3404910	PATHWAYS	8505	314	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
		8800	160	FURTHER PROCESSING NECESSARY,	0	797	6830	6033
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		21	110	DUPLICATE OF CLAIM-SYSTEM				
		22	220	DOLLIGHT OF CHILL DIDILL				
3404912	CATAWBA COUNTYM	8326	705	ATTENDING PROVIDER NUMBER WAS NOT SUBMITTED ON				
	ENTAL HEALT			THIS CLAIM OR THE NPI SUBMITTE				
		11	208	CLIENT NOT ELIGIBLE ON SERVICE	0	1118	6134	5016
				DATE				
		8505	135	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404913		0205	0054	ATTENDING PROVIDER NUMBER WAS				
3404913	MECKLENBURG COM	8326	8254	NOT SUBMITTED ON				
	ENTAL HEALT	1		THIS CLAIM OR THE NPI SUBMITTE		 		
		<u> </u>						
		8505	5189	CLAIM DENIED DUE TO INSUFFICIE	0	15208	15685	477
		1		NT BUDGET		1		-
		+			1		1	1
		8800	1036	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
		1		FUTURE RA'S.				
3404916	anoganosna par-	8505	61	CLAIM DENIED DUE TO INSUFFICIE				-
	CROSSROADS BEHA VIORAL HEAL			NT BUDGET		1		
		1						
		8508	1	CLAIM DENIED NO BUDGET FOUND	0	62	62	0
		1				-		-
		1				 		
3404917	CENTERPOINT HUM	8505	333	CLAIM DENIED DUE TO INSUFFICIE				L
	AN SERVICES			NT BUDGET				
	CAULVAGG VAN	1						
	AN SERVICES				1	1	1	
	AN SERVICES	8534	270	SERVICE FACILITY LOCATION IS N	^	007	2010	2242
	PAR SERVICES	8534	270	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING	0	927	3269	2342
	PAN SERVILES	8534	270		0	927	3269	2342
	PAN SERVILES			OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	927	3269	2342
	per SERVILES	8534	270	OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F CLIENT NOT ELIGIBLE ON SERVICE	0	927	3269	2342
	PAR SERVILES			OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	927	3269	2342

	1	1		I				
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
	INOVIDER NAME				DENTADO	CENTURO	* TMUDITUDD	EUTD
3404919	GUILFORD CO MEN	8505	1881	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
		8800	863	FURTHER PROCESSING NECESSARY,				
		8800	003	PLEASE CHECK FOR CLAIM ON	0	3810	5207	1397
				FUTURE RA'S.				
		8508	822	CLAIM DENIED NO BUDGET FOUND				
3404920		10	71	DIAGNOSIS OR SERVICE INVALID F				
3404920	ALAMANCE CASWEL	10	/1	OR CLIENT AGE. VERIFY CID,				
	L AREA MH D			DIAGNOSIS, PROCEDURE CODE FOR				
				· · · · · · · · · · · · · · · · · · ·				
		79	71	THIS SERVICE IS NOT PAYABLE TO	0	287	13751	13464
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		0500	40	DESCRIPTION OF COMPANY				
		8599	42	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
			-	BENEFIT PACKAGE.				
			 					
3404921	ORANGE PERSON C	11	229	CLIENT NOT ELIGIBLE ON SERVICE				
	HATHAM AREA			DATE				
			1		-			
	1	191	45	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	359	8174	7815
			 	n FALLENT NAME				
		8599	22	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404922	THE DURHAM CENT	8505	1007	CLAIM DENIED DUE TO INSUFFICIE				
	ER			NT BUDGET				
		8800	403	FURTHER PROCESSING NECESSARY,	0	1427	1618	191
				PLEASE CHECK FOR CLAIM ON	U	1427	1618	191
				FUTURE RA'S.				
		21	7	DUPLICATE OF CLAIM-SYSTEM				
3404923		8505	2766	CLAIM DENIED DUE TO INSUFFICIE				
3404923	FIVE COUNTY MH	8303	2700	NT BUDGET				
				N1 BODGE1				
		8508	444	CLAIM DENIED NO BUDGET FOUND	0	3622	4002	380
					Ü	5522	1302	530
		0000	100	THE PROPERTY OF THE PROPERTY O				
	1	8800	177	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
			 	PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
			 					
3404925	SANDHILLS CENTE	8505	2095	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8508	568	CLAIM DENIED NO BUDGET FOUND	22	3389	3455	66
			1					
	-		1					
	+	8800	321	FURTHER PROCESSING NECESSARY,				
			 	PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404926	SOUTHEASTERN RE	8518	351	*CLAIM DENIED. SUBMITTED BEYO				
	G MENTAL HL		1	ND TIMELY FILING LIMIT	_		-	
				IN EFFECT FOR THIS FISCAL YEAR				
		0526	214	AMBERNATING PROVIDED MADE 3375 CD				
		8536	214	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT	4	1297	4331	3034
			 	VALID FOR SUBMITTED BILLING PR				
	+		 					
		8800	163	FURTHER PROCESSING NECESSARY,				
			1	PLEASE CHECK FOR CLAIM ON				
			1	FUTURE RA'S.				

Company Comp		T	Т	ı			ı	1	
	PROVIDER	<u> </u>	HIGH DENIAL	NUMBER OF		THE	TOTAT	TOTAL	TOTAL
STATE STAT	NUMBER	PROVIDER NAME			DESCRIPTION				
1992 1997			1						
1	3404927	CUMBERLAND CO M	11	369					
12 12 13 13 14 15 15 15 15 15 15 15		HC			DATE				
12 12 13 13 14 15 15 15 15 15 15 15	<u> </u>								
12 12 13 13 14 15 15 15 15 15 15 15			8505	167	CLAIM DENIED DUE TO INSUFFICIE	0	707	2522	1005
100 OF SECTION 100						0	707	2532	1025
100 OF SECTION 100									
100 OF SECTION 100									
144494 1444			8599	112					
ACCOUNT NOT STATE OF THE PROPERTY NOT SERVICED TO SERVICE		1			*				
MAIN CONTINUE					BENEFII FACAGE.				
March Marc	3404930	JOHNSTON COUNTY	11	81	CLIENT NOT ELIGIBLE ON SERVICE				
1985 3 COLAN COMPANIES OF CONTROL 0 10 10 10 10 10 10 10					DATE				
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10 10 10 10 10 10 10 10									
144131			8505	3		0	87	178	91
100 OF MICHIGAN NOTICE AND ADD					NT BUDGET				
100 OF MICHIGAN NOTICE AND ADD									
			8599	2	DETAIL NOT COVERED BY COMBINAT				
SALES OF SIRE SPC STATE					ION OF RECIPIENT, PROVIDER AND				
### BALLING OF STREAM PILIPAD LINES STREA					BENEFIT PACKAGE.				
### BALLING OF STREAM PILIPAD LINES STREA									
10 10 10 10 10 10 10 10	3404931		8518	39					
1		BILLING OF							
1000 1 1000 1 1000 1 1000 1 1			1		IN EFFECT FOR INTO FISCAL YEAR				
1000 1 1000 1 1000 1 1000 1 1			21	9	DUPLICATE OF CLAIM-SYSTEM	-		4.00	,
PARTIE DESCRIPTOR CHAIN OR						2	61	103	42
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PARTIE DESCRIPTOR CHAIN OR									
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N. FOR MALCO	2404022		9505	20	CIAIM DENIED DIE TO INCHESTORS				
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DATE		R FOR MH/DD							
DATE									
BATE			11	17		0	48	134	86
MAGESTA MALTER CENT MALTER CONTINUES MALTER					DATE				
MAGESTA MALTER CENT MALTER CONTINUES MALTER									
MAGESTA MALTER CENT MALTER CONTINUES MALTER									
STATE STAT			8508	1	CLAIM DENIED NO BUDGET FOUND				
STATE STAT									
STATE STAT									
SEMAY HEAL	3404934	ONSLOW CARTERET	8505	788	CLAIM DENIED DUE TO INSUFFICIE				
					NT BUDGET				
OT A VALID IPES ATTENDING PROVIDER. PLRASE PRIFTY THE F S559 227 DETAIL NOT COVERED BY COMBINAT 108 OF RECIPIENT, PROVIDER AND SEMESTIF PACKAGE. S64935 NAYME CO MENTAL 0 0 0 *** NO DATA TO REPORT *** HEALTH CTR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
OT A VALID IPES ATTENDING PROVIDER. PLRASE PRIFTY THE F S559 227 DETAIL NOT COVERED BY COMBINAT 108 OF RECIPIENT, PROVIDER AND SEMESTIF PACKAGE. S64935 NAYME CO MENTAL 0 0 0 *** NO DATA TO REPORT *** HEALTH CTR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									
PROVIDER. PLEASE VERIFY THE F			8534	703		0	2124	3635	1511
S599 227 DETAIL NOT COVERED BY COMBINAT									
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. BENEFIT PACKAGE. AVAINE CO MENTAL O *** NO DATA TO REPORT *** HEALTH CTR O O *** NO DATA TO REPORT *** ER THE BEACON CENT O O *** NO DATA TO REPORT *** ER ION OF RECIPIENT, PROVIDER AND O O O O O O *** NO DATA TO REPORT *** ER ION OF RECIPIENT, PROVIDER AND O O O O O O O O O O O O O		 	1		THE P				
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. BENEFIT PACKAGE. AVAINE CO MENTAL O *** NO DATA TO REPORT *** HEALTH CTR O O *** NO DATA TO REPORT *** ER THE BEACON CENT O O *** NO DATA TO REPORT *** ER ION OF RECIPIENT, PROVIDER AND O O O O O O *** NO DATA TO REPORT *** ER ION OF RECIPIENT, PROVIDER AND O O O O O O O O O O O O O			8599	227	DETAIL NOT COVERED BY COMBINAT				
### ##################################			1						
HEALTH CTR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					BENEFIT PACKAGE.				
HEALTH CTR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0						-			
	3404935		U	U	*** NO DATA TO REPORT ***				
3404936 THE BEACON CENT 0 0 0 *** NO DATA TO REPORT *** ER 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		HEALTH CTR	1						
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### 3404937 THE BEACON CENT ### 5599		ER				-			
### 3404937 THE BEACON CENT ### 5599									
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ER ION OF RECIPIENT, PROVIDER AND			-	-		0	0	0	0
ER ION OF RECIPIENT, PROVIDER AND			1						
ER		THE BEACON CENT	8599	4	DETAIL NOT COVERED BY COMBINAT				
BENEFIT PACKAGE.									
4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D 8537 1 PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND					BENEFIT PACKAGE.				
4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D 8537 1 PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND			2411	2	DOWNER WITH AND THE PARTY OF				
BENEFIT SERVICES ON OR AFTER D 8537 1 PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND			3411	2		0	9	2670	2661
8537 1 PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND		<u> </u>	1						
OUR PROVIDER TYPE AND			 						
OUR PROVIDER TYPE AND			8537	1	PROCEDURE IS NOT PAYABLE FOR Y				

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	PROVIDER NAME				DENTALS	DENTADO	FINABLEED	FAID
3404939	EAST CAROLINA B	8505	4305	CLAIM DENIED DUE TO INSUFFICIE				
	EHAVIORAL H			NT BUDGET				
	ENAVIORAL N							
		8599	295	DETAIL NOT COVERED BY COMBINAT		0 5085	7565	2480
				ION OF RECIPIENT, PROVIDER AND		0 5085	/565	2480
				BENEFIT PACKAGE.				
		8800	248	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
				POTOKE KA S.				
3404941		0	•	*** NO DATA TO REPORT ***				
3404941	EAST CAROLINA B	U	U	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		U	U			0 0	0	0
3404942	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H							
		0	0			0 0	0	0
3404943	ALBEMARLE MENTA	8622	165	60 RESIDENTIAL LEVEL II TREATM				
	L HEALTH CE			ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		3411	86	PROVIDER TYPE AND SPECIALTY 07		4 372	1706	1334
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		21	30	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMA	8505	96	CLAIM DENIED DUE TO INSUFFICIE				
	N SERVICES			NT BUDGET				
	N SERVICES							
		8533	90	SERVICE FACILITY LOCATION CANN		1 239		
				OT BE AN ATTENDING PROVIDER		1 239	1651	1412
		_	-	IDENTIFIED AS AN INDIVIDUAL.		-	-	
				IBBNIII IBB IB IB IB IBBITIDUID.				
		8599	25	DETAIL NOT COVERED BY COMBINAT				
	1	0333	2.3	ION OF RECIPIENT, PROVIDER AND		1	1	1
	1		-	BENEFIT PACKAGE.		1	1	1
				DENEFII PACAGE.		+		
3404946	4	191	152	CLIENT ID NUMBER DOES NOT MATC		_		1
3404946	FOOTHILLS AREAM	191	152	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
	ENTAL HEALT			n PALLEN! NAME				1
						1		
		21	131	DUPLICATE OF CLAIM-SYSTEM		3 428	2130	1702
		8534	83	SERVICE FACILITY LOCATION IS N				
		8534	83	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				